

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 219279US3

First Inventor or Application Identifier Yasuhito ETO, et al.

Title LENS-SHAPE MEASURING APPARATUS

Assignee Name: Kabushiki Kaisha TOPCON

Assignee Address: 75-1, Hasunuma-cho, Itabashi-ku, Tokyo 174-0052, Japan

02/06/02
065990/01
U.S. PTO

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

☒ Specification Total Sheets 57

3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets 20

4. ☒ Oath or Declaration Total Pages 3

a. ☒ Newly executed (faxed copy)

b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed)

i. ☐ DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).

5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)

6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification or Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))

8. ☒ Application Data Sheet. See 37 CFR 1.76

9. ☐ 37 C.F.R. §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney

10. ☐ English Translation Document (if applicable)

11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

12. ☐ Preliminary Amendment

13. ☒ White Advance Serial No. Postcard

14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. ☐ Applicant claims small entity status.
See 37 CFR 1.27

16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on

☐ Which was published in English

☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name: C. Irvin McClelland

Registration No.: 21,124

Signature:

C. Irvin McClelland

Date:

2/6/02

Name:

Registration No.:

Docket No. 219279US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yasuhito ETO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: LENS SHAPE MEASURING APPARATUS



FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	8 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$740.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$740.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$740.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date:

C. Irvin McClelland

Registration No. 21,124



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/01)